

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Charles E. Ezell
P.O. Box 133
Charma, NM 87520

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X *Charles Ezell*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

CHC - 002 - 0008

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Penelope A. Velasquez
P.O. Box 315
Los Ojos, NM 87551

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

Penelope Velasquez

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

RESTRICTED DELIVERY

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Salvador G. Velasquez
P.O. Box 315
Los Ojos, NM 87551

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

X *Salvador Velasquez*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

RESTRICTED DELIVERY

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Susan M. Hammer
P.O. Box 1143
Vernal, UT 84078-1143

**RESTRICTED
DELIVERY**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Susan M. Hammer

B. Received by (Printed Name) C. Date of Delivery
Susan M. Hammer 11/14/06

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

Article Number
(Transfer from service label) *7099 3220 0005 9416 4610 (0104 03 00013)*

S Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Andrew Hurd
P.O. Box 745
Chama, NM 87520

**RESTRICTED
DELIVERY**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Andrew Hurd

B. Received by (Printed Name) C. Date of Delivery
Andrew Hurd 9/29/06

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

Article Number
(Transfer from service label) *7099 3220 0005 9416 4610 (0104 03 00013)*

S Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
J.T. Reilly Sr., Trustee
3216 Crystall Path
San Antonio, TX 78259-3662

**RESTRICTED
DELIVERY**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
J.T. Reilly Sr., Trustee

B. Received by (Printed Name) C. Date of Delivery
SHARON E. DEER 8/04/06

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

Article Number
(Transfer from service label) *7099 3220 0005 9416 4610*

S Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Evaristo D. Velasquez
P.O. Box 315
Los Ojos, NM 87551

RESTRICTED DELIVERY

RESTRICTED DELIVERY

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
E. D. Velasquez

C. Date of Delivery
10-10-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

Article Number
(Transfer from service label) 7049 3220 00059424 2842 CARB CC7-0006

Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mary G. Velasquez
P.O. Box 315
Los Ojos, NM 87551

RESTRICTED DELIVERY

RESTRICTED DELIVERY

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Mary G. Velasquez

C. Date of Delivery
10-5-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

Article Number
(Transfer from service label) 7049 3220 0005 9424 2851 CARB CC7-0006

Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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Kathleen Gintowt
1802 Monterey Drive
Gallup, NM 87301

1000-001-0013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Kathleen Gintowt

C. Date of Delivery
9-22-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

Article Number
(Transfer from service label) 7049 3220 0004 0767 6875

Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
Article Addressed to:		1285 Searing Eagle Dr. Colorado Springs CO 80915	
Article Number		Service Type	
(Transfer from service label)		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
Form 3811, February 2004		<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
Domestic Return Receipt		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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Article Addressed to:		Bernabe Madrid	
Bernabe Madrid P.O. Box 41 Los Ojos, NM 87551		RESTRI DELIV	
Article Number		Service Type	
(Transfer from service label)		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
Form 3811, February 2004		<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
Domestic Return Receipt		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
Article Addressed to:		Jose A. Candelaria	
Jose A. Candelaria P.O. Box 85 Los Ojos, NM 87551			
Article Number		Service Type	
(Transfer from service label)		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
Form 3811, February 2004		<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
Domestic Return Receipt		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Patricia Serna P.O. Box 843 Chama, NM 87520</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Patricia Serna 9-29-06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>Article Number</p> <p>(Transfer from service label) 7099 3400 0014 5292 2769</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Richard M. Serna P.O. Box 843 Chama, NM 87520</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Richard M. Serna 9-24-06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>Article Number</p> <p>(Transfer from service label) 7099 3400 0014 5292 2769</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	